



STATE OF TENNESSEE  
**TENNESSEE STUDENT ASSISTANCE CORPORATION**  
SUITE 1510, PARKWAY TOWERS  
404 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243-0820  
(615)741-1346 • 1-800-342-1663 • FAX (615)741-6101  
[www.CollegePaysTN.com](http://www.CollegePaysTN.com)

## Helping Heroes Grant Program

**Type or print clearly in ink.** The applicant must meet the Eligibility Requirements and Terms of Agreement as defined in this document and mail or fax this application and the DD-214 to the Tennessee Student Assistance Corporation (see address above).

1. Last Name		First Name		MI	
2. Permanent Address (Number, Street and Apt. # - if applicable)				3. Social Security Number	
City		State		Zip Code	4. County
					5. Date of Birth / /
6. Home Phone Number ( )		7. Gender M F		8. Resident of TN? Y N	
9. TN Residency Date / /					
10. E-mail Address					
11. Race: (circle one) White Black American Indian/Alaskan Native Hispanic Asian/Pacific Islander Other			12. Citizenship Status (circle one) US Citizen Permanent Resident Non-Citizen Registered Alien – A _____		
15. Honorably Discharged Veteran of the United States? (circle one) Y N					
16. Date of Honorable Discharge? / /			17. Medal Awarded (please check) ____ Iraq Campaign Medal ____ Afghanistan Campaign Medal ____ Global War on Terrorism Expeditionary Medal (on or after September 11, 2001)		
18. Now incarcerated? Y N			19. Received Baccalaureate Degree? Y N		
20. Default on Federal Educational Loan or in an overpayment status on any other Federal Program? Y N			21. Compliant with Federal Drug-Free Rules and Law? (being compliant means no felony possession of or selling illegal drug charges while receiving Federal Student Aid) Y N		
26. Name of College or University & Completion Date: _____ Expected Completion Date: / /					
<b>Please Read the Certification and Authorization Statement and Sign Below.</b>  I, hereby, certify to the Tennessee Student Assistance Corporation that I have carefully read the “2008-2009 Eligibility Requirements and Terms of Agreement.” I certify that I have read this application and assure the information I have provided is accurate to the best of my knowledge. I agree to provide, if requested, any other documentation to verify such information. I authorize the educational institution to release or exchange to the Tennessee Student Assistance Corporation or its agents, any information requested by such person and further agree that such information exchange may include financial, enrollment, and academic status, and location information to properly administer the Helping Heroes Grant Program offered by the state. I affirm that any funds obtained in this program will be used solely for educational expenses related to the Associate Degree or Baccalaureate Degree.  _____ Applicant's Signature  _____ Date					